

# CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

INSIDE  
GUIDE TO OTC MEDICINES

8 April 1995

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with unbalanced  
hormones that you  
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NEW PURE STARFLOWER OIL  
For a healthy hormonal balance

SEVEN  
SEAS  
Health Care

One in four go at DoH  
pharmacy division

CPP offers new route  
to full membership

PSG unveils  
action plan  
and Tanna  
goes to law



BPSA calls for split  
pre-reg year

Helfex gets the right  
royal treatment

Who really benefits  
from PBMs US-style?

Business in focus: the  
rewards of village life

# Clockwork Lemon?

Regular customers know all about the benefits of Fybogel Orange, and now new Fybogel Lemon will give them another reason to keep coming back to your pharmacy.

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## Fybogel

ORANGE OR LEMON  
Ispaghula Husk BP  
Regular as clockwork



#### Fybogel Pharmacy Prescribing Information

**Indications:** Conditions requiring a high-fibre regimen, eg relief of constipation and maintenance of regularity. **Dosage and Administration:** (To be taken in water) Adults and children over 12: One sachet morning and evening. Children 6-12 years: Half to one level 5ml spoonful depending on age and size, morning and evening. Children under 6 years: To be taken only on medical advice. **Contra-indications, Warning, etc.:** Fybogel is contra-indicated in cases of intestinal obstruction, faecal impaction and colonic atony. Each sachet contains

3.5g Ispaghula husk BP and also contains aspartame. **Legal Category:** GSL. **Method of sale:** Through registered pharmacies. **RSP Price:** At March '95 10 Sachets £1.38. **PL No:** Fybogel 0044/0041, Fybogel Orange 0044/0068, Fybogel Lemon 0044/0117. Reckitt & Colman Products Ltd, Hull, HU8 7DS, from whom further information is available. Fybogel, Fybogel Orange, and the sword and circle are trademarks of Reckitt & Colman Products Ltd. Date of preparation: 01/03/95.

**W**e report the outcome of the Pharmacy Support Group Conference of last weekend on p566. Despite reservations expressed in **Comment** last week, 220 pharmacists voted with their feet in support of the PSG and its action plan, the core of which involves lobbying representatives of the main elected pharmacy bodies, along with MPs and other decision-takers. Pressure from within the body of pharmacy on its establishment is the proper way to ginger up the troops and their generals, although quite when a ginger group assumes the mantle of the 'establishment' is a moot point ...

The PSG's call for pharmacists to support the nurses' campaign against their pay award should bring dividends for the nurses, at least. The Pharmaceutical Services Negotiating Committee *et al* can distance itself from any local pharmacy action as necessary, but might well be glad of reciprocal RCN support for its pay cause, should it prove forthcoming. However, PSNC should beware of any selling out on its campaign for a lower threshold level, for a few extra shekels on the global sum. While larger contractors may be glad of the extra pennies, smaller pharmacies will become increasingly disaffected. In any case, perhaps PSNC could persuade the multiples to put some of their extra monies into a compensation fund for their disadvantaged smaller brethren who still provide a quality service.

Meanwhile, Ashwin Tanna is campaigning again (p566), seeking funds from contractors to support not one, but two judicial reviews. The independent will see both as worthy causes deserving of support, but will they vote with their cheque books and allow testing of the professional allowance threshold concept and the faxing of scripts? Time will tell, but it is regrettable that neither PSNC nor the Society has taken this route.

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# CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

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# Pharmacy division loses out

The pharmaceutical division of the Department of Health is to lose one in four pharmacists in the aftermath of last year's functional and manpower reviews of the NHS Executive and the Department of Health.

Three pharmacists are expected to take early retirement; the first to be announced is deputy chief pharmacist Jon Merrills, who leaves on July 31.

The initiative, said chief pharmaceutical officer Bryan Hartley at this year's research conference of the Mersey Academic Pharmacy Practice Unit, leaves the division "markedly changed".

The nine full-time and one part-time remaining pharmacist posts are also to be split between the NHS Executive in Leeds and the London-based Wider Department of Health.

Based at the NHSE will be the new Pharmacy and Optical

Services (POS) branch, manned by two pharmacists, responsible for remuneration, reimbursement and terms of service arrangements. One pharmacist will also be integrated into a prescribing group.

Those left at the Wider Department will deal with public health and pharmaceutical industry policies. One pharmacist will be attached to both divisions, while a self-standing chief pharmaceutical officers' group will account for the remaining four full-time and one part-time pharmacists.

Although the pharmaceutical division, through natural wastage of vacant positions, loses more than the planned service-wide manpower reduction of 20 per cent by the end of 1996-97, formal agreements with the Wider Department, regional offices and health authorities will ensure that pharmaceutical advice is pro-

vided on a broad range of professional and practice issues, including community care, hospital pharmacy and mental health, said Mr Hartley. "These changes are for the better in that there is greater opportunity for influence within integrated divisions, a significantly improved relationship and influence upon NHS Executive policies and operational developments between healthcare professions.

"These changes should improve coherency of primary and community care policies."

However, the profession has suffered "a significant loss" following the abolition of regional health authorities and the disappearance of regional pharmaceutical officers. "There are no automatic replacements in the new regional office structures, but I am satisfied that effective pharmaceutical advice can be obtained through differing ar-

rangements [in] each of the regional offices, through advisers on staff or in Trusts," said Mr Hartley.

The reshuffle, he said, comes at a time when NHS service purchasing is increasingly being driven by the need for evidence of effectiveness and assessment of health outcomes.

The goal is to secure the greatest health gain from available resources, but this will mean continually challenging current arrangements.

"The underlying principle for NHS R&D is to produce effective NHS where healthcare is driven by patient health outcomes, based on research evidence."

Pharmacy practice research initiatives, he added, are mechanisms for informing pharmacists about developing value-added services, while audit should be seen as "an integral part of day to day practice".

## RPSGB announces 1995 Council candidates

Seventeen candidates are fighting for seven Council seats in 1995.

Seeking first-time election are: Dr Michael Barnett, Cardiff; Andrew Burr, Pontypridd; Patricia Hoare, Beaconsfield, Professor Ian Jones, Portsmouth; Graeme Millar, Edinburgh; Alaster Rutherford, Bristol; Professor

George Veitch, Cardiff; and Alexander Young, Wrexham.

Other candidates are: John Balmford, Chipping Campden; Michael Burden, Leicester; William Darling, Cleadon Village, Sunderland; Philip Davies, Nottingham; Christine Glover, Edinburgh; Gillian Hawksworth, Hud-

dersfield; Dr Hopkin Maddock, Padstow; David Sharpe, London; and Graham Walker, Budleigh Salterton.

Retiring from Council is Marion Rawlings, Cardiff, while Messrs Davies, Burden, Balmford and Darling, and Mrs Glover and Mrs Hawksworth seek re-election.

## DoH clears up FP10 confusion

The Department of Health has confirmed that prescriptions dispensed after April 1 on old-style FP10s will be paid.

Peter Smith, director of pharmaceutical services at the Prescription Pricing Authority, confirms that pharmacists should dispense items whether written on old or new forms. Old forms will be accepted for payment "for the foreseeable future" — a period sufficiently long for family health services authorities to issue the updated forms.

Some FHSAs, such as Berkshire, are reporting supply problems with the re-designed FP10s, but all PPA offices have been advised to adopt a "common sense" approach.

The PPA notes that incomplete forms may attract validity checks. Mr Smith confirms that the checks will be on the patient — not the contractor — at this stage.

The Scottish Pharmaceutical General Council also notes that prescriptions written on old forms and received for dispensing during April, 1995 may be accepted for dispensing and forwarded to the Prescription Pricing Division in the normal manner. This situation will be reviewed at the end of April.

Forms for the PPA should be sorted into appropriate bundles for pricing, and those for the PPD separated into old and new.

## PSNC calls second LPC conference

The Pharmaceutical Services Negotiating Committee has called local pharmaceutical committees to an unscheduled conference on May 21 to be held at the Society's headquarters.

The move comes in response to a resolution, proposed by Liverpool, seconded by Barnet and supported by 34 LPCs in total, which directs "PSNC to call a conference of LPC representatives to discuss all negotiated terms, including threshold changes, before relaying acceptance of any offer".

PSNC secretary, Stephen Axon, hopes that by May 21, PSNC and the Department of Health will be ready to come to a fully-negotiated settlement for 1995-96. The Department has been informed of the impending meeting as well.

May 21 is also the earliest date available for the conference.

## Somerset goes for accreditation in '96

Somerset Family Health Services Authority is putting the finishing touches to a pharmacy accreditation scheme, intended to come into force in April, 1996.

To qualify for a one-off accreditation payment and certificate, participants must satisfy four components:

- education — pharmacists must complete a minimum of ten hours of College of Pharmacy Practice-approved postgraduate education per annum; dispensing technicians and counter assistants must complete or be attending relevant courses
- health promotion — pharmacists must complete specified courses
- advise on effective use of

medicines — have PMRs with a drug interaction facility and to participate in an on-going DUMP scheme

- quality — meet designated national and local standards.

The scheme lays down guidelines for dispensing workload, too.

Noting that additional, locally-delegated services, such as needle exchange schemes, services to residential homes and prescribing advice to GP surgeries, may be up for negotiation, FHSA pharmaceutical advisor Richard Purchase says: "It is likely to be only accredited pharmacies that we would wish to contract with to provide these extra services."

## 'Brown bag' pilot hits Lothian

Lothian Health Board has recruited ten pharmacists to participate in a 'brown bag' medication review scheme.

Each pharmacist will analyse the medication of ten patients from a local GP practice, chosen either by themselves, the GP or practice nurse. All reviews will be documented for evaluation at the trial's completion at the end of May by Lothian pharmacist facilitator Pauline Westwood.

The future of the scheme will then be decided. "If it is a wild success, maybe we will try and continue," says Ms Westwood.

Participants receive a \$120 honorarium.



## BPSA calls for compulsory split pre-reg

Delegates at this year's British Pharmaceutical Students' Association annual conference have carried a motion calling for a compulsory split pre-reg year.

The initiative, which will now be debated at the RPSGB's Branch representatives meeting, aims to facilitate transition between differing pharmacy sectors and should be introduced in the 'fallow year' — the year of no pharmacy graduates arising from the proposed four-year course.

Delegates heard BPSA chairman Chris Poole advocate a nine- and three-month split to the pre-reg year, with the larger period spent in that sector most likely to be pursued by the newly-qualified pharmacist.

A split year would be particularly useful in the hospital and community sectors as an aid to increasing communication and encouraging seamless care, while the fallow year would also allow pre-reg employers to form alliances and develop training programmes, he said.

Delegates opposing the motion noted that a compulsory split might penalise those wanting to work in one particular sector, and that time might be insufficient to cover all areas of hospital pharmacy.

Other motions carried at the conference included the need for:

- further research into medicinal use of cannabinoids
- the RPSGB to pursue resources to ensure that any course change is properly funded
- increased levels of support for unsuccessful registration candidates.

## Professional development plan; the new CPP route to full membership

The College of Pharmacy Practice has launched the 'Continuing Professional Development Portfolio' (CPDP) as a means for pharmacists to improve and plan lifelong learning, and as a route to full membership of the College, rather than by examination.

Comprising nine sections — introduction, qualifications, employment records, continuing professional development, professional activities, reflective practice, future plans, college membership and miscellaneous — the portfolio provides a framework for a member, advised by a College mentor (when the mentor scheme is set up), to map out past and projected practice experience as a means of proving their worth to the CPP and the profession.

If the CPDP is approved by two CPP-appointed assessors, then full membership of the College will be granted.

Anyone who is an associate as of April 1, 1996, will be able to take, either the present five-part examination route, or the CPDP option, to full membership. After 1998, the CPDP will be the only route to full membership, with the examinations revised for use in other ways.

The portfolio resembles a personal organiser and each section has a full introduction to guide users. Mentors can advise candidates on how best to use the guide to personal advantage by identifying practice strongpoints. The basic price is \$20, plus \$4 p&p.

Chairman John Farwell says the CPDP fully reflects the CPP mission statement "To promote professional and personal development, through education, examination, practice and research, benefiting patients and healthcare provision", and can be used, not just by associates in

place of the membership examination but by members as a self-development tool.

The CPDP has been piloted by 20 members.



Royal Pharmaceutical Society president Ann Lewis is handed the first College of Pharmacy Practice 'Continuing Personal Development Portfolio' by chairman John Farwell

## Society suggests further POM to P switches

The Royal Pharmaceutical Society has prepared a second list of suggested POM-P switches.

This includes: for the **gastro-intestinal system**, sucralfate and hydrocortisone-containing rectal products; for the **respiratory system**, acetylcysteine and carbocysteine; for the **central nervous system**, hyoscine hydrobromide, metoclopramide hydrochloride 5mg and 10mg and domperidone maleate; for **infection**, mefloquine; for **gynaecology**, itraconazole and emergency contraception (levonor-

gestrel with ethinyloestradiol); for **musculoskeletal**, naproxen or other NSAIDs; for **eyes**, antibacterial eye drops and ointments, including chloramphenicol; for **skin**, antibiotic compound creams and mupirocin, and antibiotic solutions, including clindamycin and erythromycin.

The Society has also named various combined oral and progestogen-only contraceptives among seven products for pharmacy sale after an initial medical diagnosis or examination.

## Professions unite for Pharmacy Week

Hertfordshire community pharmacists have joined up with their hospital colleagues to promote Pharmacy Week.

Two stands, promoting pharmacy service, have been planned for shopping centres in Watford and St Albans on June 24. Pharmacy Week posters will also be displayed in the county's hospitals, doctors' surgeries, pharmacies and the family health services authority's HQ.

# PSG reveals action plan for independents

The Pharmacy Support Group revealed its 'hard-hitting' strategy last Sunday to a packed meeting at the Royal Pharmaceutical Society's headquarters. The proposal, heard by the profession's leading lights, includes support for nurses, who in turn offered to help pharmacists in their bid for a better pay deal

**H**emant Patel, the Pharmacy Support Group chairman, said the campaign would make a stand against the demise of the independent pharmacy and would emphasise how the Government was dismantling the NHS. By distributing the nurses' publicity material through pharmacies, PSG was trying to achieve unity among pharmacists and other healthcare workers.

He urged pharmacists to embark on a campaign in three stages.

**Week one:** display the poster supplied by the Royal College of Nursing and fill in a postcard to MPs asking the Government to guarantee nurses a 3 per cent pay rise.

**Week two:** display similar material from the Royal College of Midwives.

**Week three:** display pharmacy campaign material to be distributed by PSG.

Other steps in the action plan include:

- ask your Royal Pharmaceutical Society branch and local pharmaceutical committee secretary what they are doing to influence the RPSGB, National Pharmaceutical Association and Pharmaceutical Services Negotiating Committee. Persuade them that they should take action on your behalf
- contact the above bodies and protest about the threshold principle. Is an arbitrarily

determined prescription number the right criterion to determine the pharmacist's contribution to the NHS?

- make an appointment with your MP. A briefing paper with



**Alan Nathan, a member of Council, whose own entry into pharmacy politics was due to a similar proposal ten years ago, which threatened the existence of many small pharmacies**

relevant facts is currently being prepared

- ask your LPC secretary to organise local co-operative advertisements to publicise the Government's intentions to dismantle the NHS and the impact it will have locally. PSG is hoping to produce patient leaflets on 'Whatever happened to the NHS?'

- form local PSG branches
- ask your patients and influential people in your area to write to MPs on your behalf
- the Government claims to

support small independent businesses. Directly and through your MP, ask Michael Heseltine, president of the Board of Trade, to explain the demise of the independent pharmacy

- the proposed threshold for the full professional allowance is 1,800 items a month, presumably the level at which a pharmacy is considered to 'make a contribution to the NHS'. Applying the same logic, all Tory MPs, and particularly those with a majority of around 1,800 votes, should be made to demonstrate a contribution to the survival of small businesses in general and pharmacies in particular. (A list of Tory MPs with majorities of 6,000 or under is available from PSG.)

The meeting, which attracted over 220 people, also supported a resolution urging the Society, NPA and PSNC to co-operate in organising a public relations campaign highlighting the threat to community pharmacy from the Department of Health.

## Nurses' support

Margaret Pullin, national co-ordinator of the nurses' campaign on remuneration, said the campaign was going well and had resulted in several parliamentary questions.

Nurses had been incensed when they were awarded a 1 per cent pay increase and told they could fight for up to 3 per cent locally, she said.

When asked if the nurses would

help pharmacists, Ms Pullin replied: "Whatever you choose to do, hopefully we'll be able to support you."

David Sharpe, PSNC chairman, said he believed the Department would improve the present remuneration offer to pharmacists, but he could not say to what level.

"What has been made very clear to the Department is that the PSNC has rejected the 2 per cent increase in the global sum and the 1,300 threshold imposition, and we are going back to ensure that the remuneration pharmacists



**Gerald Zeidman, vice chairman of Barnet LPC and a member of the Society's Community Pharmacy Group Committee, chaired the meeting**

deserve is what they will get," said Mr Sharpe.

He thought a settlement would be made by July, backdated to April 1. He added that PSNC had besieged the Department over the problems of working capital. Last week, the Department had said the figures — obtained from its independent inquiry unit — were ten years out of date and PSNC was demanding an explanation.

Two Council members thought the NHS contract should be changed. Alan Nathan suggested capitation-based remuneration.

"Under such a system, reward for professional input would no longer be linked to numbers of prescriptions dispensed and would reward the provision of full pharmaceutical care on an individual patient basis," he said. "With the same capitation fee paid regardless of pharmacy size, it would not give 'prescription factories' the inbuilt advantage they have [now]."

- PSG is producing a video of Sunday's meeting which will be available to LPCs. Further information about the action plan is available from the PSG on 0181 984 9943 (fax: 0181 595 8978).

## Tanna: 'Put your money behind me'

Proprietor pharmacist Ashwin Tanna is asking pharmacists for financial backing to support judicial reviews on the professional allowance and also on the Royal Pharmaceutical Society's decision on non-contract pharmacies.

He told Sunday afternoon's meeting he was concerned that the threshold for the professional allowance would rise every year. The pharmacist's role was to counsel patients regardless of script turnover.

Mr Tanna believed that Council's decision not to oppose the faxing of prescriptions via non-contract pharmacies was inequitable and not in the long-term interests of the public and the



**Ashwin Tanna intends to take pharmacy's case to the courts**

profession. If the Department of Health imposed a limit of 1,800 items a month before a full professional allowance was paid, there would be nothing to stop

those multiple branches not meeting this target from faxing prescriptions in order to gain full benefit.

Pharmacists wishing to support him in the courts should send cheques made payable separately to the Fighting Fund Against Non-contract Pharmacies, account number 31139142, and the Professional Allowance Fighting Fund, account number 71140000 (both at Midland Bank), 66 Lordship Lane, London SE22 8HL (quoting RPSGB membership number).

If he fails to collect enough money to fund the judicial reviews, Mr Tanna will send the donations to the Society's Benevolent Fund.

# PHARMACIST PEN PORTRAIT

## Dilwyn Jones



• **Qualified** in 1956 after completing his PhC at the Welsh School of Pharmacy in Cardiff, following a two-year apprenticeship with Timothy Whites & Taylors at Bargoed, from 1951-53.

• **Career** Took up locum work in the Cotswolds before a three year appointment in 1957 as *locum tenens* to proprietor WJ James in Cross Keys. Mr Jones bought Mr James out in 1960.

He bought a second business in Abercarn in 1970 — both trade as D & BGA Jones. The 'BGA' element of the partnership is Dilwyn's pharmacist wife, Brenda. They met while studying pharmacy, courtesy of British Rail, says Dilwyn somewhat cryptically. Brenda qualified in 1958.

Both businesses specialise in offering their communities a personal pharmacy service.

• **Committees** A member of Gwent Local Pharmaceutical Committee for 30 years, Mr Jones has held high office, serving as vice chairman, and then as chairman for four years, from 1980. Appointed to Gwent Family Practitioner Committee in 1971, he served on the FPC until it became a family health services authority in 1991; he has been an FHSA member since then.

• **Hobbies** Mr Jones is a keen gardener and prefers growing flowers. His other love is carpentry and DIY.

• **Pharmacy philosophy** Mr Jones is proud of his efforts within the FHSA to stem the tide of doctor dispensing through building good relationships. "I think we are holding our own. We have an excellent rapport with the FHSA. It's a case of putting the profession on the map, of making people realise pharmacists do a very good job."

The degree course makes pharmacy graduates well suited to playing a vital part in primary healthcare. "These youngsters are very capable and should promote themselves, without false modesty."

"Small pharmacies play a vital part in the community and give a wonderful service — a service that could disappear overnight through Government regulation."

# DoH writes its own comedy script

If it had not been so serious, last week's fiasco over the new-style prescription forms would have made an ideal script for an episode of 'Monty Python', with Gerry Malone appearing in the lead role as minister of silly decisions.

That the whole NHS dispensing process did not descend into total chaos is no thanks to the ineptness of his officials who, firmly ensconced in their ivory towers, obviously have no understanding of the real workings of the Health Service.

I can only assume that the whole affair was a clever charade deliberately calculated to coincide with Saturday, April 1. If successful, it would have been as clever an April Fool as the now infamous announcement of



invaders from Mars. It was only foiled because community pharmacists took its consequences so seriously. Since the joke was discovered in time, perhaps Gerry should now make the ultimate April Fool's sacrifice and return to the back benches.

But my capacity for laughter is being sorely stretched, and I seriously suggest the Government now appoints a minister of health who is prepared to put the welfare of the Health Service before the blinkered idealistic dictates of party dogma. With foresight and sympathetic management the future is bright for community pharmaceutical services; with Gerry Malone at the helm they are destined for oblivion.

# Topical Reflections

## The higher the tax, the more frequent the questions

I have a feeling that the latest annual hike in the prescription tax is a bridge too far for many people. I have never before received so many grumbles as the realisation of the £5.25 cost per item has had many patients either query the necessity of, or alternatives for, their prescribed medication.

This theme was recently examined by that strong supporter of community pharmacy, Dr Mike Smith (*Daily Mirror*, March 30). This contribution was similarly positive and patients were repeatedly advised to seek their pharmacists' advice.

What spoilt an otherwise excellent advertisement, however, was the accompanying OTC medicines guide which confused the logic of doctors sometimes prescribing powerful Prescription-Only drugs for self-limiting or minor conditions with the purchase of cheaper OTC alternatives which may work just as well.

Despite criticism elsewhere to the contrary, the natural first port of call for advice on health should be the readily-available community pharmacist, and with prescription charges at such a prohibitive level, that advice will be increasingly sought.

Mike Smith's article will, hopefully further encourage that process and if, meanwhile, I am required to smooth out a few enthusiastically-presented

journalistic misconceptions about doctors' prescribing habits, then that will be a small price to pay!

## £50 not too much in an emergency ...

I am not surprised that the British Association of Pharmaceutical Wholesalers has decided to charge £50 to provide emergency supplies of drugs (*C&D* April 1, p544). What amazes me is that they did not introduce a fee when the service was first provided.

However, the £50 can be reclaimed by the pharmacist as an out of pocket expense, assuming the prescribed product does not fall into part VIII, Category A of the Tariff. But having looked at the relevant section, I can see problems ahead if local formularies are not agreed between GPs and pharmacists providing 24-hour cover. Part VIII, Category A is extremely comprehensive: what might be considered as a rare request by me may not necessarily be so in the opinion of those who compile the Tariff.

The efficiency of a 24-hour community pharmaceutical service will always be questionable if the facility does not exist for emergency access to wholesale supply. Although the occasions when this service is warranted must be infrequent, its availability adds a vital piece to the jigsaw of total pharmaceutical care. It would be unfortunate if the obtaining of emergency supplies and the welfare of a patient were put at risk because the reasonable fee of £50 was irrecoverable by the dispensing pharmacist.

# SCRIPTspecials

## UK licence for Neoral

Neoral, the new formulation of the immunosuppressant cyclosporin, has received a UK licence. It emulsifies when it comes into contact with water in the gut which greatly increases the surface area for absorption, giving more consistent absorption and more predictable blood levels. Neoral is available as soft gelatin capsules in three strengths: 25mg (30, £20.54), 50mg (30, £40.22), 100mg (30, £76.33) and as an oral solution 100mg/ml (50ml, £114.38). A telephone line has been set up to deal with any queries about Neoral.

**Sandoz Pharmaceuticals UK Ltd.**  
Tel: 01276 698494.

## Hydergine administration

The recommended adult dose for Hydergine (co-dergocrine mesylate) tablets is now 'one tablet three times a day taken before meals'. This applies to both the 1.5mg and 4.5mg tablets. **Sandoz Pharmaceuticals UK Ltd.**  
Tel: 01276 692255.

## Phasal withdrawal

Lagap has decided to withdraw Phasal (lithium carbonate 300mg) completely from the UK. The company has been unable to supply this product on a regular basis and believes that its withdrawal is in the best interests of patients (who require a regular and consistent drug regime), prescribers and pharmacists. **Lagap Pharmaceuticals Ltd.** Tel: 01420 478301.

## Neo-Cortef drops

Stocks of the 10ml new size of Neo-Cortef eye/ear drops are now available (£4.30). **Cusi (UK) Ltd.** Tel: 01428 661078.

## Hamarin discontinued

Roche is discontinuing Hamarin (allopurinol) tablets 300mg x 30 as part of its rationalisation programme. Existing stocks should be used up as the company is not accepting returns. **Roche Products Ltd.** Tel: 01707 366000.

## Condyline on the move

From May 1 Nycomed will assume responsibility for sales of Condyline from Yamanouchi. **Nycomed (UK) Ltd.** Tel: 0121 742 2444.

# New generation SSRI from BMS

Dutonin (nefazodone) is a new generation selective serotonin reuptake inhibitor from Bristol-Myers Squibb.

Nefazodone, like other SSRIs, inhibits re-uptake of serotonin (5-HT) at the synapse, but it also blocks serotonin type 2 (5-HT<sub>2</sub>) receptors. This dual action raises serotonin levels at the synapse, lifting mood and depression.

It has no affinity for acetylcholine receptors so has no adverse effect on the parasympathetic nervous system. It also has little effect on the sympathetic system so is well tolerated.

Unlike many other antidepressants, nefazodone does not upset sleeping patterns. It increases the total REM sleep without affecting the number and timing of REM episodes throughout the night. It is also reported to bring early relief from anxiety in depressed patients in the first week of use.

Nefazodone is well tolerated, causes minimum sexual dysfunction and does not cause significant cardiovascular problems in the elderly. It does not potentiate the depressive effects of alcohol. **PL holder:** Bristol-Myers Squibb Pharmaceuticals Ltd, 141 Staines



Road, Hounslow, Middlesex TW3 3JA. Tel: 0181 572 7422

**Presentation:** white, hexagonal tablets, with '100' engraved on one side, containing 100mg nefazodone HCl. Light yellow, hexagonal tablets, engraved with '200' on one side, containing 200mg nefazodone

**Indications:** symptomatic treatment of all types of depression, including syndromes accompanied by anxiety or sleep disturbance

**Dosage:** usual therapeutic dose for adults is 200mg twice daily. Recommended starting dose is

100mg twice daily which should be increased to 200mg twice daily after five to seven days. As with all antidepressants, up to four weeks' treatment may be required to obtain the full effect

**Contra-indications, precautions, etc:** see Data Sheet  
**Legal category:** POM

**Pack sizes:** treatment initiation pack of 14 x 100mg tablets (not commercially available); calendar packs of 56 for 100mg (£16.80) and 200mg (£16.80)

**PL nos:** Dutonin 100mg, PL 11184/0028; 200mg, PL 11184/0029.

## Fematrix — new HRT patch

Fematrix is a new oestrogen patch, indicated for treating menopausal symptoms in hysterectomised women. The second-generation patch contains a supersaturated solution of 17 $\beta$ -oestradiol within a water-based, adhesive layer, unlike first-generation patches which have a drug reservoir. Therefore Fematrix is very thin (0.2mm) making it easy to wear.

Fematrix releases about 80mcg of oestradiol every 24 hours. One patch should be applied twice weekly on a continuous basis.

Comparative studies show Fematrix to be at least as effective as

reservoir patches in producing a reduction in the number of hot flushes and significantly more effective in relieving sweating. Skin irritation seems to be less of a problem, possibly because it does not contain alcohol.

Each Fematrix patch should be removed after three to four days and replaced with a new one, applied to a slightly different site. Patches should be applied to clean, dry areas of skin below the waist on the lower back or buttocks. They should not be applied on or near the breasts.

Unopposed oestrogen therapy should not be used in non-hysterectomised women because of the increased risk of endometrial hyperplasia or carcinoma. Women with a uterus using Fematrix should also take a progestogen for 12-14 days of each cycle.

Fematrix patches are available in packs of eight (28 days supply) at a basic NHS price of \$6.95.

**PL number:** PL 10013/0021.

**Duphar Laboratories Ltd.** Tel: 01703 472281.



## Duphalac Dry

Duphalac (lactulose) is now available in a powder formulation — Duphalac Dry — indicated for the treatment of constipation, and hepatic encephalopathy.

The recommended dose for constipated adults is one 10g sachet twice daily. In children aged five to ten the dose should be halved. For hepatic encephalopathy the dose is two to three sachets three times daily, adjusted according to response.

Duphalac Dry is a P product. Basic NHS price for 30 x 10g sachets, \$3.00; retail price, \$5.29.

**Duphar Laboratories Ltd.** Tel: 01703 472281.

## Glucose monitoring

Accutrend Alpha is a new blood glucose meter from Boehringer Mannheim which provides an accurate result in 12 seconds.

The monitor uses non-wipe BM-Accustest strips which are prescribable in vials of 50. The unit, with carrying case, costs \$29.

**Boehringer Mannheim UK.** Tel: 01273 480444.

New From OdorEaters

# TODAY'S BOOT.

# TOMORROW'S LOOT.

● **OdorEaters** launch 'Today's Boots' - the first odour destroying insole designed specifically for the young, style-conscious, casual boot market.

● 'Today's Boots' - will boost total **OdorEaters** turnover - bring in SUBSTANTIAL EXTRA PROFIT.

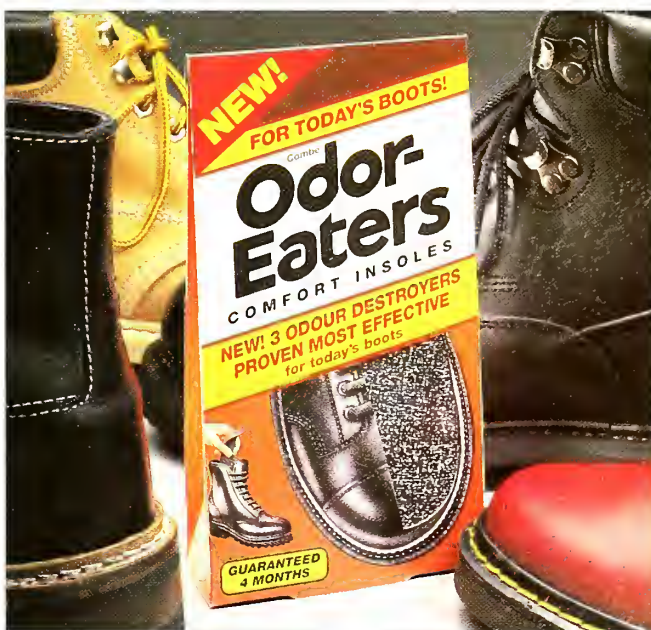
● Improved **OdorEaters** range ('Ultra Comfort', 'Super-Tuff', 'Trainer Tamers' and 'Today's Boots') with Triple Protection against foot odour:-

1. New Insta-Fresh, nature's instant odour killer.
2. Activated Charcoal, world's most powerful odour destroyer.
3. Powerful anti-bacterial agent.

● Even better products mean even better business.

● **OdorEaters** Summer Advertising Campaign - TV and press - starts May.

● Order extra **OdorEaters** now - plus 'Today's Boots' for added **OdorEaters** BOOTY!



**Combe**

international ltd.

COMBE INTERNATIONAL LTD., 17 LANSLOWNE ROAD, CROYDON, SURREY CR9 2AU. TEL: 0181-680-2711. FAX: 0181-680-9133

# £2 Million Ad Spend, will have Customers Screaming for Thigh Cream!

## RETAILERS READY FOR CASH ONSLAUGHT

- A **MASSIVE £2 MILLION ADVERTISING SPEND**  
(Four times bigger than the current market leader) guarantees to create:
- The biggest Advertising Campaign **EVER**  
for a contouring cream!
- An incredible **81% PROFIT MARGIN**  
for the retailer!
- A super **£75 CASH BONUS**  
just to stock the product!
- Eye-catching  
celebrity  
endorsements!
- A proven winner!
- Fabulous Point  
of Sale material!



Your **FOREMOST** District Manager will be calling to show you that when it comes to **THIGH TONE 1** and making money the thigh's the limit!

**Foremost**  
SHAPING YOUR FUTURE

FOR FURTHER INFORMATION PLEASE CALL (01707) 828 070

## SB gives Sominex new nightclothes

Sominex is being relaunched and repackaged to target the 50 per cent of the population that suffers occasional sleeplessness.

The promethazine hydrochloride-containing product is said not to disturb natural sleep patterns, but increases the total amount of sleep obtained — the company says up to six hours of 'restful sleep'.

Smithkline Beecham is promoting the new look, complete with new patient information



leaflet, with a TV advertising campaign breaking in June. Pricing remains

unchanged.  
**Smithkline Beecham Consumer Healthcare.**  
**Tel: 0181 560 5151.**

## Natural insect Protec-tion

Pioneer Biosciences has launched a DEET-free insect repellent Protec, a blend of skin emollients including extracts of aloe vera and castor bean.

It is available as a 100ml spray (\$4.25) and 100ml lotion (\$4.45). A \$500,000 press campaign supports the launch.  
**Ceuta Healthcare. Tel: 01202 780558.**



## En-Solv wipes give clean finish

DePuy Healthcare is targeting the users of transdermal patches with En-Solv Wipes.

The product combines d-limonene to remove adhesive residues with the ease of a wipe.

The wipes come in packs of ten with an rrp of \$1.99. A special launch offer gives retailers an extra two packs free.  
**DePuy Healthcare. Tel: 01132 706000.**

## Get mobile with PR Sprays

Crookes Healthcare is repeating its 'Mobility is a must' booklet offer.

The 16-page booklet has been produced in support of the company's PR Sprays range, in conjunction with the Chartered Society of

Physiotherapy.  
Copies are available free to pharmacists by writing to: Mobility is a must booklet offer, PO Box 193, Nottingham NG3 2HA.  
**Crookes Healthcare Ltd.**  
**Tel: 0115 9507431.**

## TV advertising for Zantac 75

New TV advertising for Zantac 75 rolls out nationally this week.

The 40-second ad focuses on Zantac 75's mode of action, explaining how it differs from traditional antacid indigestion remedies. It will be shown across all areas for an initial six-week period from April 1 and will re-run during the summer months.

Window display material reinforcing the messages featured in the commercial has been sent to pharmacists placing an order through a company representative. Pharmacists wishing to receive the display who have not already placed an order should telephone the Zantac 75 hotline on 0500 878889.  
**Warner Welcome Consumer Healthcare.**  
**Tel: 01703 641400.**



## Imodium gets ready for the big day

Centra Healthcare is gearing up for a big day — Imodium's national TV debut.

The 30-second commercial features another special event, a wedding day where the bride's father sees it through with the help of Imodium.

## Sanatogen goes multi-media

Sanatogen has planned an aural assault on London's airwaves as part of its new multi-media advertising campaign.

The \$500,000 package features radio commercials, which are a new route for manufacturer Roche

Consumer Health. Three individual commercials will support the Vegetarian, Multivitamins with Calcium and Multivitamins with Evening Primrose Oil variants.  
**Roche Consumer Health.**  
**Tel: 01707 366000.**

## Super Plenamins gives new look to controlled release vitamins

uper Plenamins tablets from 3M Health Care now have a controlled release formulation, emphasised with new packaging.

The new formulation mimics the body's natural absorption of vitamins from food and includes 200mcg of folic acid, recommended for use before and during early pregnancy to prevent neural tube defects.

The product is available in 30- and 60-day blister packs,



\$3.15 and \$5.25, respectively.  
**3M Health Care Ltd. Tel: 01509 613171.**

## Eyes right for Otrivine-Antistin

Ciba Vision Ophthalmics is celebrating its new Otrivine-Antistin pack with a special offer.

Pharmacists ordering spring stock before the end of the month will receive 30 units for 24, an increased por of 42 per cent.

**Ciba Vision Ophthalmics.**  
**Tel: 01489 785300.**

## Vitaminus Rex in promo push

Vita Natura is promoting its Vitaminus Rex and Selenium 14 with Chromium products with a \$400,000 campaign.

It will focus on consumer advertising in national newspapers and advertorials in the women's and health press.  
**Vita Natura. Tel: 0181 974 2777.**

# Treat high

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## Gaviscon Essential Information

**Product Information.** **Active Ingredients:** Liquid Gaviscon: Sodium alginate BP 500mg, sodium bicarbonate Ph. Eur. 267mg, calcium carbonate Ph. Eur. 160mg per 10ml dose. Gaviscon 500 Tablets: Alginic acid BP 500mg, sodium bicarbonate Ph. Eur. 170mg, dried aluminium hydroxide gel BP 100mg, magnesium trisilicate Ph. Eur. 25mg per tablet. Gaviscon 250 Tablets: Alginic acid BP 250mg, sodium bicarbonate Ph. Eur. 85mg, aluminium hydroxide gel BP 50mg, magnesium trisilicate Ph. Eur. 12.5mg per tablet. **Indications:** Liquid

Gaviscon & Gaviscon 500 Tablets: Heartburn, including heartburn of pregnancy, dyspepsia associated with reflux, hiatus hernia and reflux oesophagitis. Gaviscon 250 Tablets: Heartburn and acid indigestion. **Contraindications:** None known. **Dosage Instructions:** Liquid Gaviscon: Adults and children over 12: 10-15ml after meals and at bedtime. Children 6-12: 5-10ml liquid after meals and at bedtime. Children under 6: Not recommended. Gaviscon 500 Tablets: Adults and children over 12: 1 or 2 tablets after meals and at bedtime. Children under 12: Not recommended. Gaviscon 250 Tablets: Adults and children over 12: 2 tablets as required. Children under 12: Not recommended.

# acid at the est level.

Heartburn affects the oesophagus,  
not the stomach. So to treat it effectively, it  
makes sense to aim high.

Gaviscon does this by forming a barrier at  
the top of the stomach, preventing acid from  
rising any further. It works just where it's  
needed, because heartburn is usually caused by  
displaced acid, rather than excess acid.<sup>1,2</sup>  
And of course, being non-systemic, it doesn't  
cause unpleasant side-effects.

Small wonder it's the top recommended  
heartburn treatment.<sup>3</sup>



liquid: sodium alginate BP, sodium bicarbonate Ph.Eur., calcium carbonate  
Ph.Eur. tablets: alginic acid BP, sodium bicarbonate Ph.Eur., aluminium  
hydroxide BP, magnesium trisilicate Ph. Eur.

**Keeps acid where it works,  
not where it hurts**

recommended. Chew tablets thoroughly before swallowing. **Note:** 100ml liquid contains 6.2mmol sodium.  
Gaviscon 500 Tablet contains 2.1 mmol sodium. One Gaviscon 250 Tablet contains 1.02mmol sodium.  
Liquid and tablet forms of Gaviscon are sugar-free. **Retail Prices:** Liquid Gaviscon 100ml £1.67, 200ml  
£2.99. Gaviscon 500 Tablets 12 £2.45, Gaviscon 250 Tablets 24 £2.09. **Product Licence Nos:** 44/0058  
Liquid Gaviscon, 44/0140 Liquid Gaviscon Peppermint Flavour, 44/0141 Gaviscon 500 Lemon Flavour Tablets  
103 Gaviscon 250 Peppermint Flavour Tablets, 44/0143 Gaviscon 250 Lemon Flavour Tablets. **Legal**

**Category:** GML. **Holder of Product Licences:** Reckitt & Colman Products Limited, Danbury, Essex. **References:**  
HUS 7DS. GAVISCON and the sword and circle symbol are trademarks. **Date of preparation:** 10/1/95  
1. Ball C.S. *et al.* (1988) *Gut*, **29**, part 10, A1449.  
2. Cadot G. *et al.* (1984) *Gastrointest Res.* **22**, 209-222.  
3. Counterpoint, Sept. '94.

**RECKITT & COLMAN**  




## Pantène slips in new line

Pantène Pro-V Plus now caters for a normal/greasy hair type.

The range is: shampoo (250ml, \$1.99; 400ml, \$2.95), 2-in-1 (200ml, \$1.99; 400ml, \$3.65) and conditioner (200ml, \$1.99; 350ml, \$2.95).

**Procter & Gamble Ltd.**  
**Tel: 01784 434422.**

## Whitening strike for Macleans

Smithkline Beecham is to launch a Macleans whitening toothpaste.

It contains Triclene (sodium tripolyphosphate) and will be available in: 50ml (£1.59), 100ml (£2.79) tubes and a 100ml pump (£2.99).  
**Smithkline Beecham plc.**  
**Tel: 0181 560 5151.**



## Nelsons means business

Nelsons Homoeopathy is launching its biggest education programme — and a pocket computer is up for grabs too.

It includes a booklet on OTC homoeopathy.  
**A Nelson & Co Ltd. Tel: 0181 788 7888.**

## Correction

Milupa's reduction in case size from 12 to six does include transfer orders, not as reported in *Babycare* (April 1, p13).  
**Milupa Ltd. Tel: 0181 573 9966.**

# Sensodyne Switch calls for time to change

Sensodyne Switch's \$2 million advertising and promotional attack makes its TV debut on April 10.

Shot in monochrome with a purple tint, the 'Time' television commercial stresses the need to change

toothbrush heads regularly.

The campaign will run for four weeks with an estimated 80 per cent of ABC1 housewives catching it an average five times.

**Stafford-Miller Ltd. Tel: 01707 331001.**



## Oil away unwanted hair

Cariad Shaving Oil for women combines the benefits of aromatherapy while acting as a shaving lubricant.

The 20ml bottle retails at \$3.99 and contains grapeseed, orange, mandarin, bergamot and petitgrain oils. It acts as a complement to Cariad's male Shaving Oil variant introduced last year.

**Cariad Ltd. Tel: 0181 398 6488.**

## Join the Elite

New this month from the Pifco Group is the Carmen Elite 2-in-1 Styler.

Available in metallic green livery, the Elite 2-in-1 is a combined styling tong and hot brush with variable heat settings for all hair types and lengths (\$14.99).

Pifco has also recently launched Air-Style Carmens, a 28-piece hair styling system (\$24.99).

**Pifco Ltd. Tel: 0161 681 8321.**

## Get the balance right with Aapri

Alpha hydroxy acid products are traditionally aimed at the older women, but now Aapri has launched the first AHA moisturiser to tackle younger skins.

Aapri's Balancing Fluid, for use on oily or combination skins, contains 1.5 per cent of malic and citric acids.

These help remove dead skin cells while Biodermine (derived from hydrolysed soya protein) reduces excessive sebum, say manufacturers Henkel.



The product targets 15-25-year old women with a \$750,000 press and PR campaign. A 50ml bottle retails at \$3.79.  
**Henkel Cosmetics. Tel: 01606 863584.**

## Thinking big for small appliances

Braun UK is backing its small appliances with a \$3.5 million spend.

The bulk will support the company's new Style Shaper and the Oral-B Plaque Remover range through national TV starting this month.

April also sees the start of a two-month press campaign for Flex Control and Cordless Gas Combi ranges, with the

former offering \$10-off in a Father's Day promo.

Braun is offering other promotions: a 60-day money-back guarantee for Silk-epil Select; a free AB5 clock with any purchase of the Timer, Travel or Personal Plaque Remover products during April and a reduced price for three brushheads.

**Braun (UK) Ltd. Tel: 01932 785611.**

## E45 offers total sun care

Crookes Healthcare has completed its Sun E45 range with the addition of an aftersun.

Like other Sun E45 products, it is formulated for dry, sensitive skin,

and is perfume- and additive-free.

It retails at £5.75 for 200ml, and benefits from £4m E45 range support.

**Crookes Healthcare Ltd. Tel: 0115 9507431.**

## Mud, mud, glorious mud from VO5

Alberto Culver aims to cash in on the one styling sector showing growth this year by launching VO5 Molding Mud.

It will be available at the end of April and is being positioned as a high-performance line in the gels/waxes styling sector, which can be used to sculpt or add texture (\$3.49, 50ml).

Gels/waxes are the only sector of the styling market to have shown growth during 1993-94.



The predominantly male market is not as sensitive to fashion trends.

**Alberto Culver Co (UK) Ltd. Tel: 01256 57222.**

## ON TV NEXT WEEK

**Dove Bar:** All areas

**Excellence Creme:** All areas except CTV, C4, CAR & GMTV

**Hall Soothers:** All areas

**Imodium:** All areas

**L'Oreal Perfection:** All areas except CTV & GMTV

**Movelat:** All areas except GMTV

**Nice N' Easy:** All areas except U, Y, CTV, W, GMTV

**Nurofen Cold & Flu, Nurofen Plus:** All areas

**Nytol:** All areas

**Radox:** All areas

**Rennies:** All areas

**Revlon Age Defying Make-up:** CAR

**Sensodyne Switch:** Y, C, A, HTV, M, LWT, CAR, TT

**Soft & Gentle:** All areas

**Zantac 75:** All areas

**GTV** Grampian, **B**Border, **BSkyB** British Sky Broadcasting, **C** Central, **CTV** Channel Islands, **LWT** London Weekend, **C4** Channel 4, **U** Ulster, **G** Granada, **A** Anglia, **CAR** Carlton, **GMTV** Breakfast Television, **STV** Scotland (central), **Y** Yorkshire, **HTV** Wales & West, **M** Meridian, **TT** Tyne Tees, **W** Westcountry

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# Timotei

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## Imported illegal stock

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Elida Gibbs UK is aware that a significant quantity of Timotei Shampoo is currently being offered to our customers from unauthorized sources.

Much of this stock is NOT LEGAL FOR SALE IN THE UK because it does not carry the original batch code.

The Cosmetic Products (Safety) Regulations require all cosmetic products sold in the UK to carry a batch code which identifies the place and time of manufacture.

The batch code for Timotei consists of either a three or a six digit number which appears on either the neck of the bottle (underneath the cap) or on the back label.

On the stock in question, the batch code has been

unofficially removed and therefore cannot be legally retailed or wholesaled in the UK.

Elida Gibbs UK accepts no responsibility for these packs and advises any wholesaler or retailer in possession of this stock to take whatever action they consider appropriate.

Obviously in view of the legal implications, Elida Gibbs UK strongly advises any UK wholesaler or retailer against handling uncoded imported Timotei – or indeed handling any cosmetic product which is not labelled in accordance with the Cosmetics Products (Safety) Regulations.



ELIDA GIBBS  
LEADERS IN PERSONAL CARE

The health food trade was showing its wares at Helfex 95 at the National Exhibition Centre, Birmingham earlier this week. Some 180 companies were present from 14 countries. After the ravages of the recession the sector is now showing growth of around 3pc a year

## Get fresh with tea tree

A new addition to the Thursday Plantation range for Helfex was Tea Tree Oil Mouthwash.

Tea tree oil is known as a strong antiseptic from Australia. The mouthwash is flavoured with cinnamon and retails at \$3.75 for 250ml. **Health Imports Ltd. Tel: 01274 487662.**

## Natural alternative for rheumatism

Reumalex is a new herbal treatment for rheumatic conditions from Gerard House.

It contains a number of herbs known for their therapeutic effect on rheumatic problems and for their anti-inflammatory action. These include white willow bark, guaiacum, black cohosh, sarsaparilla and poplar bark.

Packaged in a red and orange-coloured carton containing 60 tablets, Reumalex retails at \$4.99. The recommended adult daily dose is four tablets



(two tablets after breakfast and two after the evening meal).

The product is to be supported by a \$500,000

advertising campaign which breaks in September.

**Gerard House Ltd. Tel: 01582 487331.**

## Efamol launches new EPO trio

Efamol launched three new products: Efamol Plus Coenzyme Q10, jumbo size packs of Efamol Marine and a multivitamin Efamol.

Coenzyme Q10 helps to regulate the flow of energy into cells and is said to maintain good health. Packaged in blue

and gold, a pack of 30 capsules retails at \$6.99.

Jumbo size packs of Efamol Marine contain 250 capsules (\$19.99).

The company also debuted Efamol Plus Multivitamins (30-capsule pack, \$4.75).

**Efamol Ltd. Tel: 01483 304441.**

## Selling solutions

Ferrosan Healthcare launched a major retailing initiative at Helfex for its Healthcrafts brand. This puts the emphasis on finding nutritional answers to common health problems.

**Ferrosan Healthcare Ltd. Tel: 01932 336366.**

## Ageing and Andante

A new antioxidant supplement promises to restore skin's vitality.

Andante contains LAC-93, a botanical extract from *oreganum vulgare*.

Available in packs of 60 (rsp \$14.95) and 180 tablets (rsp \$34.85). Two is the recommended daily dose.

**Mezina UK Ltd. Tel: 01793 881433.**

## Men on top

Wassen International has responded to the recent surge of interest in men's health by introducing a supplement specifically for men — Serenoa-C.

It takes its name from a member of the palm family and is known in traditional North American medicine to keep the male urinary system in good shape.

Packs sizes are 30 (\$3.95) and 90 (\$9.55).

**Wassen International Ltd. Tel: 01372 379828.**

This year the biggest brand in eyecare once again comes with the biggest support.

To bring you even more customers, we are spending over £2 million on consumer advertising - by far the greatest investment in this area.

It's not just advertising and promotion, but also POS, counter displays, training for your staff and a category management study to help improve your profitability.

It won't be long before new demand for Optrex drives new customers into your pharmacy. Which means that the time to stock up is now.

For a free copy of our comprehensive new Professional Clinical Guide to Eye Care, please contact: Crookes Healthcare Limited, Nottingham, NG2 3AA.



**The outstanding choice**

## Seatone's cod liver oil combo

Seatone is set to 'mussel' in on the cod liver oil market with its new combination Seatone Green Lipped Mussel Extract with Cod Liver Oil.

It is rich in omega-3 fatty acids and vitamin E and is recommended for maintaining flexible and supple joints.

Packaging is colour-coded in red and yellow. A pack of 30



capsules will retail at \$4.99.

• The company advises that Seatone and Seatone with Cod Liver Oil are not suitable for people with an allergy to shellfish.

**Ferrosan Healthcare Ltd.**  
**Tel: 01932 336366.**

## Herbals get fruity

Fruit Plus is a new product from Herbalforce aimed at people who are often tempted by the convenience of fast food.

The capsules are made from 16 fresh fruits, vegetables and herbs which are dried using a low-temperature technique (to ensure the enzymes are left as intact as possible). A tub of 120 costs \$14.95.

**Herbalforce Natural Products Ltd.** **Tel: 01666 505025.**

## Float away with Caurnie soaps

The Caurnie Soap Company's herbal soaps are based on traditional methods honed over the past 70 years.

Dill, fennel, rosemary, poppyseed and Scotch barley soaps are available

in 70g bars wrapped in handmade paper and tied with raffia. The trade price is \$9.60 for 16.

These are also available in floating form. **Caurnie Soap Company.**  
**Tel: 0141 776 1218.**

## Oysters give you extra stamina!

A new supplement based on oysters, Ostrin Plus GTZ 611 (\$24.95), is said to be good for stamina.

Each capsule contains

the taurine equivalent of approximately 75 fresh oysters.

**Biologics UK Ltd.** **Tel: 01483 426187.**



**Garlic gossip ...** HRH Prince Michael of Kent with Dr Grünwald, scientific director at Lichtwer Pharma, Germany (left), and Paul Kerry, general manager of Lichtwer Pharma UK

## Oceans of potential for Sea of Life

Sea of Life, a new company, launched itself and its Natural Line at the show.

The company's focus is to be marine-based supplements and its launch line-up comprises three encapsulated products: Freeze Dried Sea Cucumber, Sea Farmed Nori and Greenshell Mussel powder.

All sourced from New Zealand, the three

products are available in 90-capsule packs with an rsp of \$9.99.

Sea Cucumber is recommended for rheumatic conditions. Nori has twice the vitamin C of an orange on a weight basis and is high in beta carotene. The mussel extract is recommended for its body conditioning and healing properties.

**Sea of Life Ltd.** **Tel: 01580 212449.**

## Squatters' rights

One of the more unusual products at Helfex this year was the Stool Stool, which aids a squatting position when sitting on the toilet.

According to the manufacturer, medical studies suggest that people suffering from constipation should adopt the squatting position when passing stools.

**Stool Stool.** **Tel: 0115 927 4124.**



**The biggest splash in eyecare.**



# Village life can have its rewards

**While not the bread and butter of the multiple, the country pharmacy can still be a success for a hard-working independent, believes John Kerry**

**T**his pharmacy is set in one of the most picturesque villages in the Home Counties and, like most in this situation, enjoys a number of advantages over town centre shops.

Mrs L greets everyone cheerfully, knows most of her customers by name — and all of their problems. She has time for everybody and gets involved in the gossip of the village. She and her shop are part of the local scene and one could imagine that this is community pharmacy at its most rewarding.

For job satisfaction, this assumption would be quite true, but professional fulfilment is only worthwhile in such a situation if you are able to make a half decent profit.

This pharmacy averages only 1,400 items a month and qualifies for the essential small pharmacy allowance. Cynics would claim that if the dispensary handled twice as many items, Mrs L would not be able to spend so much time with each customer and patient. She would like to be given the chance to prove them wrong, but that's unlikely in the foreseeable future.

There was another pharmacy in this village for decades, part of a small multiple group. When the multiple was bought by a national, the small, less profitable unit was closed. This was a blow to the locals, but proved to be an unexpected windfall for the local five-doctor dispensing practice.

It wasn't long before the villagers got their chemist shop back. Mrs L, who worked in a nearby town, opened up her new business just a few doors away from where the old pharmacy used to be.

Looking at the profit and loss account for 1992-93, we see that the modest turnover is matched by equally modest overheads.

A community pharmacy requiring only one member of staff for the front shop and a combined rent and rates figure of just \$6,500 should produce a better than average net profit — and it does.

Although not an ideal situation for a managed multiple, a hard-working independent pharmacist is able to make a go of it. Mrs L has slowly but surely carved out a \$225,000 turnover (1993-94), which is just 3 per cent up on the year detailed in the profit and loss

account in the box opposite.

The village is not big enough to sustain the growth that Mrs L needs or expects in the future. It has a small population, just over 2,000, which is spread over a wide area. Consequently many of the patients in the village have their prescriptions filled at the surgery.

This is dispensing doctor territory, the area being peppered by tiny villages, most with a part-time GP surgery.

Against such a backdrop it's difficult to see how Mrs L can improve on her script numbers. It is likely that she has secured the majority of the available dispensing in the village. Very few patients are likely to make a ten-mile round trip to town for a prescription when it can be filled on their doorstep.

Because there are up to ten villages within a five-mile radius of this pharmacy, the inhabitants of these are prime-target customers for the retail side of the business. Very few use the pharmacy at present and it is likely that they are ignorant of its existence.

The prime objective of this business must be to build a wider geographical base of regular customers. Chances are that there are another 8,000 people in the surrounding villages who would find shopping at Mrs L's pharmacy enjoyable and convenient with its free parking outside.

Before looking at tactics for building the customer base, certain changes are recommended.

• **Appearance.** Bearing in mind that this business is on the main High

Street and in a prosperous rural district, it should be visible and look more up-market.

1. Install an illuminated 'Green Cross' sign.
2. Invest in a new fascia sign more in keeping with a village business.

3. Try a more comfortable, warmer internal colour scheme.

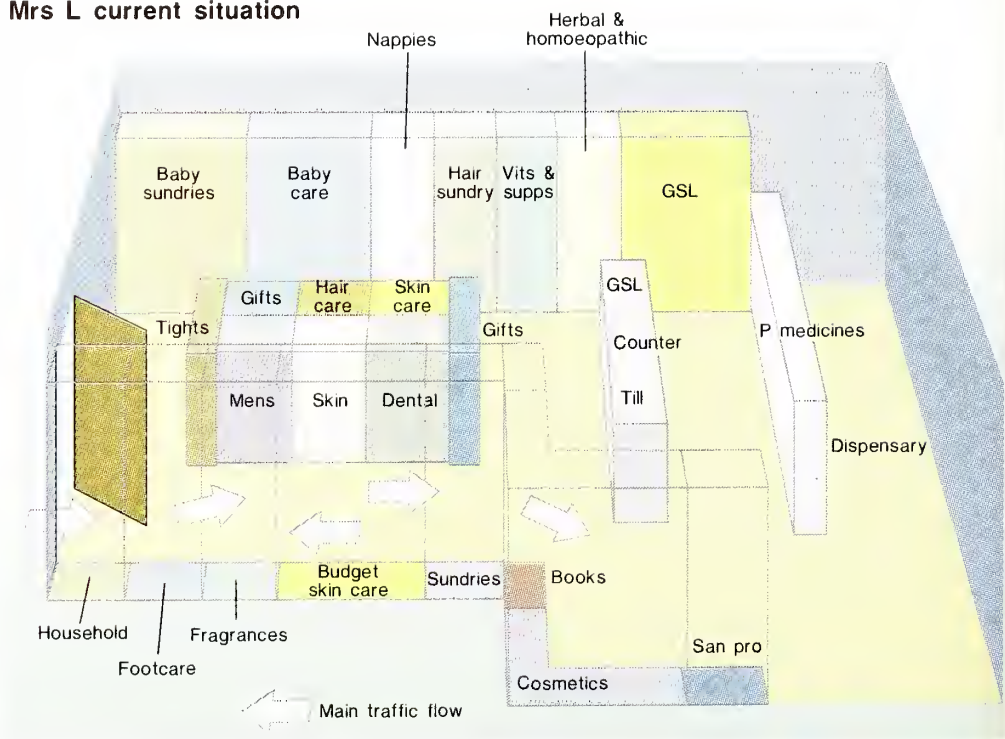
4. The fittings are budget and largely DIY. They are quite clean and serviceable, but do not help the image of the shop. A long-term recommendation is a refit. This

**Type of shop:** independent — sole trader. **Location:** centre of small village, nearby surgery. **Competition:** none. **Products:** conventional chemist lines.

## Trading and profit and loss account for year ending April 30, 1993

	£	£
<b>Sales</b>		<b>208,484</b>
Less opening stock	9,879	
Purchases	137,349	
	147,228	
Closing stock	(7,293)	
	139,935	
<b>Gross profit</b>	<b>68,549</b>	<b>28.80%</b>
<b>Overheads</b>		
Wages and National Insurance	6,939	
Locum fees	8,177	
Rent and rates	6,542	
Motor expenses	1,677	
Bank charges and interest	2,403	
Depreciation	1,935	
Telephone	949	
Printing, postage and stationery	280	
Repairs and maintenance	152	
Subscriptions, journals and publications	323	
Insurance	862	
General expenses	424	
Electricity	475	
Advertising	75	
Accountancy	600	
Computer hire	820	
Travelling	556	
Profit on disposal of fixed assets	(7)	33,182
<b>Net profit</b>	<b>35,367</b>	<b>17.00%</b>

### Mrs L current situation



pharmacy already serves a prosperous village and intends to attract many more similarly well-heeled customers.

● **Merchandising and layout.** Try a modified shop layout — see plan. Use of shelf edge prices and barkers.

● **Stock ranges.** The pharmacy is well merchandised with conventional chemist lines. These will need to be rationalised to make way for new lines that are considered worth trying, eg herbal remedies, homeopathic medicines, vitamins and supplements, holiday needs, diet and dietetic foods, health foods.

● **Counselling area.** Mrs L enjoys the informal interface with patients and customers alike and, of course, patient counselling is a way of life in this pharmacy. By setting aside a small private area for consultations, she will provide a valuable service to a large rural community, providing they are made aware of it.

This pharmacy, once modified, will be well equipped to serve many more new customers. As previously suggested, these will largely come from surrounding villages. They will be aware of either the pharmacy's location or its specialities.

Mrs L should embark on an extensive communications campaign including:

● practice leaflet distribution to all households in a five-mile radius, and repeat the exercise 12 months later. The practice leaflet should include any speciality services,

including a consultation area.

● leaflet drops, as above, devoted to complementary and alternative remedies, health foods, etc. Repeat at six-monthly intervals.

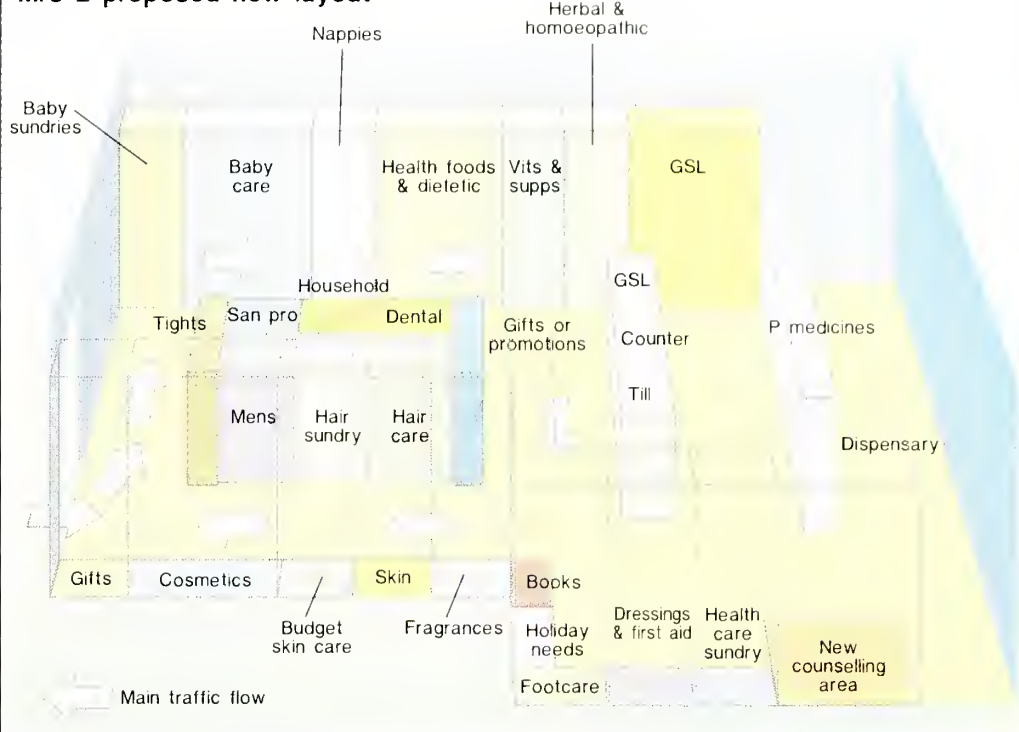
● a once a month advert, such as a small display box in the local newspaper. This should highlight particular remedies and mention conveniences, such as parking.

Turnover growth will bring both its rewards and its problems. It is unlikely that Mrs L will continue to cope with just one staff member. Regular marketing expenditure and additional wages will bump up the overheads, but there's no reason to expect that the business will become less profitable as a result.

This is not a pharmacy where a

fortune can be made, but other rewards — probably more satisfying — are within its potential. By adjusting the appearance and layout, adding new products and using publicity, Mrs L will find she will have to remember many more names, and give each a little less of her time. One thing for sure, they'll always be welcomed with a smile!

### Mrs L proposed new layout



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product**



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# PBMs and manufacturers — a marriage made in heaven?

**Pharmaceutical benefits managers (PBMs) are an American concept much in the news at the moment. But what are they, how do they work and who really benefits from them? Anthony de Nicola puts the US perspective**

**T**here has been much controversy in the United States about the relationship between pharmaceutical benefits managers (PBMs) and manufacturers. The concern over who controls what within these relationships (whether or not the PBM is owned by a pharmaceutical company), coupled with the increasing number of entities that are calling themselves PBMs, has raised issues which hardly existed 18 months ago.

It all began when Merck, the world's largest drug company (prior to Glaxo's acquisition of Wellcome), purchased Medco, a \$2.5 billion mail service firm (the US's largest). One of Medco's divisions was the nation's second largest PBM, PAID Prescriptions.

This company, like the other major PBMs, was heavily involved in structuring third-party prescription programmes. It claimed that it was involved, directly or indirectly, with more than 35 million lives as regards their prescription drug benefits.

Coupling this with Medco's significant presence in the mail service market (a 50 per cent share of non-government mail order prescriptions) gave cause for great concern on the part of manufacturers (and Merck's direct competitors), providers, distributors and all the other PBMs.

PBMs have many roles and functions in the prescription drug environment in the US. Since the advent of the acronym, almost every company which is involved in prescription benefit programmes — mail service firms,

TPAs (third-party administrators), claims processors, a variety of pharmacy networks, chains and independents, formulary managers and others — have commenced to label themselves PBMs. The term has become so widely used in such a short period that it has become impossible to separate 'real' PBMs from the pretenders.

As if this wasn't enough, Smithkline Beecham proceeded to acquire DPS, a large formulary management company/PBM in Minneapolis. Then Lilly purchased the largest PBM in the country, PCS, which controls and manages the prescription benefits of over 50 million Americans.

Imagine the consternation among government agencies, such as the Federal Trade Commission, competing pharmaceutical manufacturers, the other PBMs and, most of all, the providers, when this last deal finally closed.

Lilly's prominent presence coupled with its entry into disease state management makes a combination which could create serious problems for many of the other players.

At this point, it's important to analyse exactly what PBMs do, as well as what they can do, and to assess the impact of these activities on all parties to the prescription filling equation — prescribers, patients, payors and providers.

Included among the functions of PBMs, whom some call the ultimate middlemen, are:

- the structuring/design of prescription benefits programmes
- arranging for and implementing formulary programmes, which can impact strongly on market share and sales of many pharmaceutical products
- providing DUR (drug utilisation review) and DUE (drug use evaluation)
- arranging for claims processing, and on-line and real time adjudication of prescription claims
- negotiating with everyone within the equation to try to control costs in every way, since, at the end of the day, the PBM usually, if not always, gets paid by the payor, insurance company, em-



ployer or government agency.

There are many who feel that the entry of drug companies into the PBM arena, coupled with the myriad of disease management programmes put together by the manufacturers, could result in prescription benefit programmes that do not afford the patient access to the best possible drug therapy, by virtue of a company's desire to sell the products it makes at the expense of the best therapy.

I believe that this situation cannot, and will not, happen. There is a spotlight shining on pharmaceutical manufacturers in the US today, one which will not allow them to hide from the scrutiny of government agencies, or to significantly avoid competitive actions.

There is an ever-growing movement towards joint-venturing of all kinds between manufacturers, PBMs and third-party payors. This movement, driven by the desire to provide proper therapy, control costs wherever possible and capture market share, will, I

believe, serve the patients and the payors alike.

PBMs will be challenged in the future to continue to add value to the equation. There is concern that, with the many high tech computer capabilities available coupled with the fact that some manufacturers are now entering into capitated programmes with HMOs and other third-party payors, there is a possibility that some if not all of the PBM's functions could be accomplished by others.

The playing field is definitely wide open, and offers much opportunity and many challenges to those who would call themselves PBMs.

*Anthony de Nicola is a pharmacist and president of pharmacy consultants A&D Associates. He has had 25 years' experience in community pharmacy, owning two pharmacies in suburban New York. He founded and directed the Legend Pharmacy Co-operative, a network of 850 community pharmacies in 15 states for 13 years.*

# NPA backs PSNC in pay talks

The National Pharmaceutical Association Board unanimously condemned the offer received by the Pharmaceutical Services Negotiating Committee from the Department of Health and declared itself wholeheartedly behind the Committee in its demands for a better deal.

Board members pointed out that pharmacists, probably more than any other health professionals, had made very significant increases in productivity. They had shown themselves willing to co-operate with the Government in implementing change and participating in 'additional' activities, such as health promotion and providing advisory services to nursing and residential homes.

The proposed increase in the threshold for receipt of the professional allowance would result in several hundred more contractors (mostly NPA mem-

bers) being severely disadvantaged and, possibly, going out of business.

Negotiators should be fully supported in their efforts to retain the threshold commencement at 1,000 prescription items per month.

**Retiring Board members** Martin Bennett, Les Calvert, Lewis Priest and Bob Worby are not seeking re-election to the NPA Board.

Eddie Brown's term of office as an appointee from the Scottish Pharmaceutical Federation is shortly to end.

**Research sponsorship** The Board is to investigate the possibility of NPA-sponsored research to demonstrate the 'added value' of the pharmacy and to help rebut the Doll's suggestion that 'smaller' pharmacies do not make a significant contribution to healthcare. The matter has been referred to the

general purposes committee for further consideration.

**Assistant training** The Board is to attempt to persuade the Royal Pharmaceutical Society to accept accreditation by the Distributive Occupational Standards Council (DOSC) of training courses for medicines counter assistants. This suggestion had previously been rejected by the Society's Council, but Board members felt that if DOSC accreditation was acceptable for the award of National Vocational Qualifications, then it should be sufficient to satisfy the requirements of the Society.

**Selling members' services** Offers are being made to five applicants for the post of NPA regional service co-ordinators. (Regional service co-ordinators provide a link between potential purchasers of pharmaceutical services and NPA providers.)

**CDA Registers** The Board has agreed to publish in the NPA CD Register a specially-printed section for recording Fentanyl sales and purchases. In addition, a new separate register will be produced for recording supplies of methadone, possibly in A1 format.

The Board also approved drafts of two new types of record pad for recording orders placed with occasional suppliers and for noting deliveries made to patients as part of prescription collection and delivery services.

- Mary Allen and the NPA chairman will represent the Association at the annual conference of the Association of Community Health Councils. Mr Brown would attend a forthcoming conference on drug abuse being organised by the Association of Chief Police Officers (ACPO).

- Full council of the National Joint Industrial Council for Retail Pharmacy will reconvene on April 21. A meeting at the end of March was inconclusive.

- The Board is to look into the administration and logistics of providing members with suitable written confirmation that professional and other third-party cover is in force and that the cover extends to employees and to self-employed locum pharmacists engaged in the pharmacy.

- Business services manager Trefor Williams is to draft an information leaflet to help pharmacists decide whether a mini-lab is likely to be a viable proposition.

- The Board approved a donation of almost \$2,000 to the Birdsgrove House Fund.

## LETTERS

### A pointless motion from Leeds

There is little point in the Leeds Branch proposing that the branch representatives' meeting restrict sales of paracetamol to pharmacies.

Over 85 per cent of all paracetamol used is already supplied via pharmacies, as are most of the medicines used in fatal overdose. Overdoses are taken intentionally, they do not come about accidentally, and it is quite unfair to expect pharmacists to be able to identify the one person in 25,000 who is intent on overdosing.

The prevention of suicide is a complex matter for family, society and psychiatric medicine, and should not be deflected by proposals to restrict the sales of medicines.

**Dr Geoffrey Brandon**  
Director, Paracetamol  
Information Centre

### Unichem's new system doesn't work in Scotland, either

I was interested to read Mr Cane's letter with reference to Unichem's new distribution 'system' (C&D April 1). I had been thinking that perhaps it was a geographical problem, but as his pharmacy is in England's capital and mine near Scotland's, it is not just us Scots being ill-done to.

We have all his problems, but can offer him little comfort as I think Unichem is going to persevere with this system until it 'doesn't' work. As for the company's 'ideas man', whoever he may be, he should be sent through the automatic picking system to see how he fares. I can tell him what will happen, he'll end up in several polythene bags in green bins large enough to refloat the Titanic with enough paper to sink it again!

On a more serious note, my sympathy goes out to the Unichem staff whose morale I sense is low, but who manage to laugh along with us at some of this new system's whimsies.

**Graham Turnbull**  
West Linton, Peeblesshire

## Bullous loses place on Board in NPA elections

National Pharmaceutical Association Board members, chairman Gordon Bullous and ex-chairman Joseph King, have failed to secure re-election.

However, Wally Dove retains his Board seat in **Area 10** — although not necessarily his most recent position as vice chair.

Defeating Mr Bullous' 12 per cent of the vote in **Area 1** is William Chapman, Durham, with 45 per cent of the poll.

Other results are:

**Area 2** Ian Conquest, West Yorkshire (no ballot)

**Area 3** Frederick Hind, Leicestershire (no ballot)

**Area 4** Hemant Patel, Essex (47 per cent)

**Area 5** Gerald Alexander, London N9 (62 per cent)

**Area 6** Graham Delves, East Sussex (61 per cent)

**Area 7** Kirit Patel, Surrey (70 per cent)

**Area 8** Ben Zatland, London W7 (no ballot)

**Area 9** David Sharpe, London N2 (no ballot)

**Area 11** Michael Smith, Devon (no ballot)

**Area 12** Wieslaw Clapinski, Stoke-on-Trent (no ballot)

**Area 13** John Thomas, West Midlands (53 per cent)

**Area 14** Alan Facer, Lancashire



**NPA chairman Gordon Bullous: not re-elected to the Board**

(76 per cent)

**Area 15** Jeremy Clitherow, Merseyside (78 per cent)

**Area 16** Marshall Gellman, Lancashire (78 per cent)

**Area 17** Peter Jenkins, Mid-Glamorgan; Richard Thomas, Gwynedd (no ballots)

**Area 19** Thos O'Rourke, Armagh (no ballot).

There are also two nominees from the Scottish Pharmaceutical Federation.

For a list of current Board members see C&D Feb 18, p248.

## BOC challenges Medeva

BOC has filed a writ in the US against Medeva, alleging that a subsidiary, Inhalon, and four former BOC employees used its trade secrets to develop isofurane and enflurane. Medeva says the allegations are without foundation and that it will defend its position.

## Astra protects Losec

Astra has filed a 'first suit' in Germany against Byk Gulden to defend its patent rights for Losec. The German company has launched pantoprazole in Germany and South Africa, among other places, a drug that Astra alleges infringes the company's Losec patent rights.

## S&N buys Italian

Healthcare group Smith & Nephew has bought an Italian company, Basel SpA, for £3 million, including assumed debt. Basel specialises in hosiery, bandages and dressings for the primary care market, and made profits of £500,000 on sales of £3.7m last year. S&N already has sales of £20m a year in Italy, mainly in the hospital sector.

## Multiple chemists survey

The 1995 'Survey of Multiple Chemists' from Culver Financial Surveys is now available, priced £75 (inc postage). The survey has tried to include all limited company chemists with three or more branches. Copies by mail order only from Culver Financial Surveys, 21 Culver Road, St Albans, Hertfordshire AL1 4EB.

## Safeway pharmacies safe

Safeway has confirmed that none of its pharmacies will be affected by the 17 store closures announced last week.

## FDA's Tagamet approval

Advisory committees to the US Food and Drug Administration have unanimously recommended that the FDA approves Tagamet for OTC sale for the treatment of heartburn with "appropriate labelling statements". Smithkline Beecham's US president, Jack Ziegler, says the company now looks forward to working with the FDA on an approval for Tagmet HB following the successful review of safety and efficacy data by the gastro-intestinal and the non-prescription drugs advisory committees. The proposed Tagamet HB dosage for heartburn would be two 100mg tablets up to twice a day.

# Boots Pharmaceuticals' sale to BASF completed

The Boots Company and BASF last week exchanged contracts on their agreed \$840 million sale of Boots Pharmaceuticals to BASF subsidiaries.

The sale has enabled Boots to reduce borrowings while providing additional funds for investment in its core retailing, healthcare and property businesses.

The deal is based on the net assets of Boots Pharmaceuticals, as of March 31, 1994, and will be adjusted to reflect any difference that occurs by March 31 next

year. It includes the company's European, North American and South Asian businesses, the research and development pipeline and manufacturing, as well as a 40 per cent share in Boots India and 56 per cent share of Boots Pakistan.

In addition, Boots will receive US\$230 million in respect of part of the cash balances held by Boots Pharmaceuticals Puerto Rico, which BASF acquires under the main deal.

Boots chief executive, Sir

James Blyth, says: "The thorough review of the Boots Pharmaceuticals business which we undertook during 1994 made it clear that, in this fast-changing industry, a business of this size would have great difficulty in sustaining competitive advantage. I believe this is right for our shareholders and staff."

Gerhard R Wolf, a BASF director, says the joint venture in generics with Ivax would be a good foundation for successful market penetration in Europe.

## Unichem offers updated Mediphase

An upgraded Mediphase computer package, using the MS Windows operating system, is on exclusive offer to Unichem customers.

The deal includes a 486PC, with colour monitor, modem, tape streamer, MS DOS Windows, Amipro and Organiser software, plus two printers.

One-year on-site maintenance is included. Optional training is available if required, although support back-up is provided, says Unichem.

Under the terms of the offer, the hardware and software is supplied free to customers. However, they are required to take out a three-year contract with Mediphase for monthly updates at \$74.50 a month.

Pharmacists who have their own computer can licence the Mediphase software and obtain monthly updates for the same fee.

The system has been installed in 100 selected accounts since January and is now being made available on a wider basis.

A key benefit of the updated package is the potential to build up consolidated patient records. By swiping a sequentially bar-coded patient record card, information is transferred directly to the computer screen.

The new software allows the production of sales information and drug usage as pie charts or graphs. The updated script endorsement program plugs gaps in the earlier software and will now handle oxygen scripts, for example.



Numark distributor Norscot Pharmaceuticals played host to a Numark trade fair in Aberdeen last week. Pictured with Norscot sales director Eric Davis (left) are Numark Ltd director and community pharmacist Mike Wood (centre) and managing director Terry Norris

## Good news on two fronts for Glaxo

Two separate items of good news helped boost the Glaxo share price in mid-week.

In the US, the company has received an 'approvable letter' for an oral presentation of its anti-migraine drug sumatriptan. Such a letter is usually issued during the final stages of the process leading to clearance for marketing.

The launch of a tablet form of the drug, to be marketed under the brand name Imitrex, has been delayed for nearly two years over US Food and Drug Administration concerns about side-effects.

In Europe, the legal action over the validity of Glaxo's Form 2 ranitidine patent in Germany by Ratiopharm, a German generic company, has been withdrawn.

The patent for Form 2 is valid in Germany until 2001. The basic patent on the drug expires in July

## COMING EVENTS

## MONDAY, APRIL 10

**Derby Branch, RPSGB**

At Kingsway Postgraduate Centre, 7.30pm. Buffet. 'Communication and Compliance' — joint meeting with general practitioners. Speakers: Anne Adams (College of Pharmacy Practice Education) and Dr Young (GP tutor).

## TUESDAY, APRIL 11

**Fife Branch, RPSGB**

Annual general meeting at Dunnikier House Hotel, Kirkcaldy, 7.15pm. 'Chiropractic — an insight into a complementary therapy'. Speaker Dr Eva Leeborg. Evening buffet sponsored by GEIGA.

**Northern Scottish Branch, RPSGB**

Annual general meeting at the Craignonie Hotel, Inverness, 8pm.

**Slough & District Branch, RPSGB**

AGM at Knoll, Fleming House, 71 King Street, Maidenhead, 7.15pm.

## ADVANCE INFORMATION

**AAH Pharmaceuticals** is holding a retail training evening on 'Special diets' in conjunction with Nutricia at the Kettering Park Hotel, Kettering on **April 12** at 7.30pm.

**The Intershop** exhibition takes place on **April 23-26**. Call 01203 694131 for tickets.

# MSD acts to stop Spanish parallel imports

Merck Sharp & Dohme has taken its first steps in the court battle to block illegal parallel imports of Innovace and Proscar.

The High Court has granted MSD an injunction against Necessity Supplies and Primecrown, pharmaceutical importers and wholesalers, and directors Ketan and Bharat Mehta, preventing them from importing the drugs into the UK from Spain, and

from selling their current stock. The case was adjourned until April 18.

Under European Community law, parallel imports of patented pharmaceuticals from Spain and Portugal are illegal if the drugs' patent applications were made before the countries were members of the EC and signatories of the European Patent Convention. This is the case with Innovace and

Proscar. The right to block imports lasts until the end of the third year after product patents became available.

Latest figures from Intercontinental Medical Statistics value the legitimate parallel import trade in the UK at more than \$181 million a year with France, Belgium, Greece and Italy identified as the key sources of supply.

## Superdrug gets 'serious' over pharmacy

Superdrug business development director Steven Round says the company wants to play its part as a "serious and professional pharmacy retailer", following its announcement that it plans to add 32 pharmacies to its portfolio this year (C&D March 18, p470).

Mr Round says he has identified a number of locations where there is a need for a Superdrug pharmacy within the community. "We understand this will, in many cases, involve us acquiring local pharmacies and successfully transferring licences."

## New HQ for Fisons

Fisons is to open a new London head office in October, following the integration of group and pharmaceutical division HQs, and the closure of the company's offices in Manchester, Ipswich and Loughborough.

It is expected that 200 jobs will go as a result of the relocation. Eighty staff will be employed at the new London HQ.

The following appointments have been made as part of the re-structure: John Bailey becomes corporate development director; David Hankinson stays on as finance director; Mike Redmond becomes director of pharmaceutical operations; and Alan Wingate-Jones joins as a new non-executive director.

## AAH upgrades LINK computer hardware

AAH says pharmacists should be able to sort through patient medication records 50 per cent faster following the upgrade of LINK to a 486DX processor.

The 486DX includes 8Mb RAM, 512Kb of video memory, MSDOS 6.2, and Windows 3.1 — at \$2,150 to existing users and \$2,715,

including modem, to new users.

- LINK Controlled Dosage Systems is being developed to handle an unlimited number of patients, expanding from its present ceiling of 200.

- Vantage members can now pay for holidays arranged with NPA Travel through AAH.

## KWAI GARLIC TABLETS NEW UK DISTRIBUTOR

The UK distribution of Kwai garlic tablets moves to Scholl Consumer Products Ltd as from 3rd April 1995.

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lanum cream plain 50gx1 (exp 5/95), Tampovagan pessary 20 (exp 6/95). Tel: 01502 572663.

**TRADE LESS 40%+VAT+POSTAGE - Suprefact vials 5.5ml.** Tel: 0171-620 0429.

**TRADE LESS 25%+VAT+POSTAGE - 5x20 Bricanyl respules, 4 Oxivent MDI 85x1ml, Atrovent UDV 250mcg, 170 Hexopal 500mg.** Tel: 0181-319 0115.

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**TRADE LESS 40% - 8 Roferon A 3 Million units** (exp 5/97), 5x5x1.5ml Penmix penfils 40/60 (exp 12/96). Tel: 01480 214355.

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**TRADE LESS 30%+VAT - 200 Kinidin Duriles, 24 Nizoral 200mg tabs, 5 amps Modocate concentrate 100mg/1ml, 10 amps Modocate inj 25mg/ml.** Tel: 0171-288 6024.

**TRADE LESS 30%+VAT+POSTAGE - Atenolol 50mg tabs** (exp 2/96), Atenolol 100mg tabs (exp 2/96), amoxycillin 250mg caps (exp 5/96), dothiepin 25mg tabs (exp 7/96), Co-Codamol tabs (exp 8/96), cimetidine 400mg tabs (exp 9/96). Tel: 0171-287 3336.

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**TRADE LESS 30%+VAT - Convatec flange S243, S354 also pouches S262.**

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**TRADE LESS 25% - Papaverine sulph inj 40mg/1ml, Physeptone amps, Suprefact, Fluvirin, Dor Deodorant, Ensure tins, Avon.** Tel: 01225 447924

**TRADE LESS 50%+VAT - Uniflu 12 and 24** (exp 11/95). Tel: 0181-994 2025.

**TRADE LESS 40%+VAT+POSTAGE - 375 Digitoxin 100mcg** (exp 7/95), 10x10x4 gm Debrisan sachet (exp 9/97), 96 Ursosalk (exp 5/95), 2x60 Phasal 300mg. Tel: 01637 872589.

**TRADE LESS 30% - Zofran 4mgx29** (exp 10/96). Tel: 0181-759 0553.

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**TRADE LESS 30%+VAT+POSTAGE** - 18 Coliform. Tel: 0181-980 1473.

**TRADE LESS 30%+VAT** - Zinnat sups 125x1x13 sachets (exp 8/95), 1x100 Dolobid 500mg, 1x100 Mexitil 50mg, 1x63 Triadene. Tel: 01582 490907.

**TRADE LESS 30%** - Sinemet CR (exp 12/95) 1x56, Lamictal 25mg dispersible

(exp 12/95) 1x56, Suprefact nasal spray (exp 1/96) 2x10g. Tel: 01455 552692.

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**TRADE LESS 30%+VAT** - 8x56 Maxolon SR (exp 7/95), 30 Eldepryl (exp 9/95), 5x7 Nicotinell 10 patches (exp 6/95), 4 Aldactide 50x28 (exp 6/97), 100 Madopar CR (exp 4/97). Tel: 0181-994 2447.

**TRADE LESS 40%+VAT** - Lentarol IM depot 250mgx3 (exp 9/96). Tel: 0116-2668548.

**TRADE LESS 30%+POSTAGE** - Robaxin 650, Hiprex, Tritace 2.5g, Frusene CP, Hypovase 1mg, Sando K, Molipaxin 150g, Nuclin SA 250, Diumide K, Trasacor 60mg, Monacor 10 & 5, Nozinan. Tel: 01452 522951.

**TRADE LESS 30%+VAT+POSTAGE** - 5 Netelast size F, 100 Saluric 500mg tab (exp 10/95), Salivix 50 past (exp 8/95), 10 Convatec one piece pouch clips. Tel: 0171-624 2947.

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**TRADE LESS 30%+VAT+POSTAGE** - 195 Brufen 400, 100 Grisovin 500mg, 28 Trandate 100, 15 Tenormin 25mg, 53 Questran sachets, 20 Polyfax ointment. Tel: 01963 250259.

**TRADE LESS 25%+VAT+POSTAGE** - Humegon 75iux2x10. Tel: 01727 872190.

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Free entries in "Business Link" (maximum 30 words) are restricted to community pharmacist subscribers to *Chemist & Druggist*. No trade advertisements will be permitted. Acceptance is at the discretion of the Publishers and depends upon space being available. Send proposed wording to "Business Link" using the form printed alongside.

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# ABOUT people

## Weldrick races ahead in training stakes

Doncaster pharmacy chain H I Weldrick celebrated becoming the first group to win a National Training Award with a video race night at Doncaster Race Course.

The award recognises the group's commitment to training, but the race night was an acknowledgement that, without the staff's enthusiasm, "we could not achieve such high standards of customer service", says Weldrick's retail director, Marshall Glynn.

To underline this, the National Pharmaceutical Association's head of training, Ailsa Benson, presented 25 staff with NPA assistant certificates. A further 39 employees received National Vocational Qualifications and 43 gained MCA counter assistants certificates.



Ron Alcock and Chris Goddard of H I Weldrick receive their National Training Award from the NPA's head of training, Ailsa Benson (centre)

## Pharmacy five beat the marathon heat



Jayesh Patel of Delmergate with his finishing medal

No one expected sweltering heat in last Sunday's London Marathon. But a number of pharmacists successfully battled against the rigours of a 26-mile run and started on the summer tan a little bit early.

Benefiting from a partnership approach were Jayesh Patel, proprietor of Maidstone's Delmergate group, and Mike Rudin, supermarket chain Tesco's pharmacy controller. "All the way we really bucked each other up," says Mr Patel.

Both men clocked-in in five hours 11 minutes, with Mr Rudin raising in excess of \$350 for the Foundation for Children with Leukaemia and Mr Patel \$1,850 for the Third World charity Wateraid.

"It was so hot. It was a killer," was the verdict of first-time marathon runner Paul Davies, proprietor of Darnley Pharmacy,

Gravesend, Kent. Despite taking up running only eight months ago, Mr Davies finished in four hours and nine minutes. In the process, raising around \$700, with a little help from Unichem, for a local hospice.

Pharmacy manager at Medimart Chemists, Dimmington, Sheffield, Jonathan Vinson took three hours and 57 minutes to complete the course.

He's still collecting donations for the charity Dreams Come True, which grants the wishes of sick children. Donations can be made via Medimart, Imperial House, Grove Road, Pudsey, Leeds LS28 7SD.

Philip Parkes, general manager of John Bell & Croydon, completed his fourth marathon with a personal best time of three hours and 39 minutes. The Leonard Cheshire Foundation receives over \$700 as a result.

## How an Essex assistant turned rubbish into gold

Disposing of unwanted medication is all part and parcel of life in your average pharmacy.

But how often do you find boxes stuffed full of \$20 notes?

Well, that's exactly what happened to a weekend dispensing assistant working at Barry

Shooter's Romford pharmacy.

Disposing of medicines returned after the death of a patient, the assistant came across a box of Ventolin nebulas, empty — except for \$860 in neatly rolled \$20 notes.

After contacting the family,

pharmacy staff were amused to learn that the deceased had hidden similar money caches "all over the place".

The assistant was offered a \$50 reward and, together with other Saturday staff, will use it to go out for a well earned meal

## Crafty pharmacist swaps shops

Disillusioned with pharmacy? Fancy developing one of your business' more profitable 'side-lines' instead?

That's exactly what Penzance pharmacist Jim Saulter has done — in the process selling the pharmacy he has owned for 12 years, Peasgoods Pharmacy, and buying the nearby craft shop.

Although not an obvious career progression, Mr Saulter points out: "For the last six years, we have supplemented the pharmacy with related gifts." But with the changing face of the NHS leading to a greater "hassle factor", when the opportunity came to expand his gift shop skills, Mr Saulter made the move.

But he hasn't forgotten his roots, after 33 years at Peasgoods he's undoubtedly the ideal choice for a regular locum.

### OBITUARY

Ray Davies, a pharmacist who spent most of his working life in pharmaceutical journalism, died on Monday while on holiday in Mombasa, Kenya.

Registering in 1946, Mr Davies first worked in hospital pharmacy at the Queen Elizabeth Hospital for Children in London. He joined the staff of the *Pharmaceutical Journal* in 1951 and retired as senior assistant editor (science) in 1989 at the age of 65. He continued to contribute to the *Pharmaceutical Journal* and his last feature was published in the Christmas 1994 issue.

The cremation will be in Mombasa on April 7, followed by a memorial service later in England.

### APPOINTMENTS

**Colston Herbert**, formerly president of Sterling Winthrop Europe and also a past president of the Proprietary Association of Great Britain, has been appointed as the new chairman of the Royal Surrey County and St Luke's Hospitals NHS Trust.

Konica UK has promoted **Sarah Estall** to marketing co-ordinator, replacing Lynne Squires. **Heather Allen** joins the company as marketing assistant.

# **IMPORTANT STATEMENT**

## *Nicorette<sup>®</sup> Patch*

Pharmacia wishes to announce the introduction of new packaging across the whole Nicorette range. All new packs will feature a change in design. In the case of Nicorette Patch there are also revised pack dimensions.

Current Nicorette Patch stocks expire at the latest by June 1995. Please continue to sell existing stock prior to this date to customers who will use the product within date.

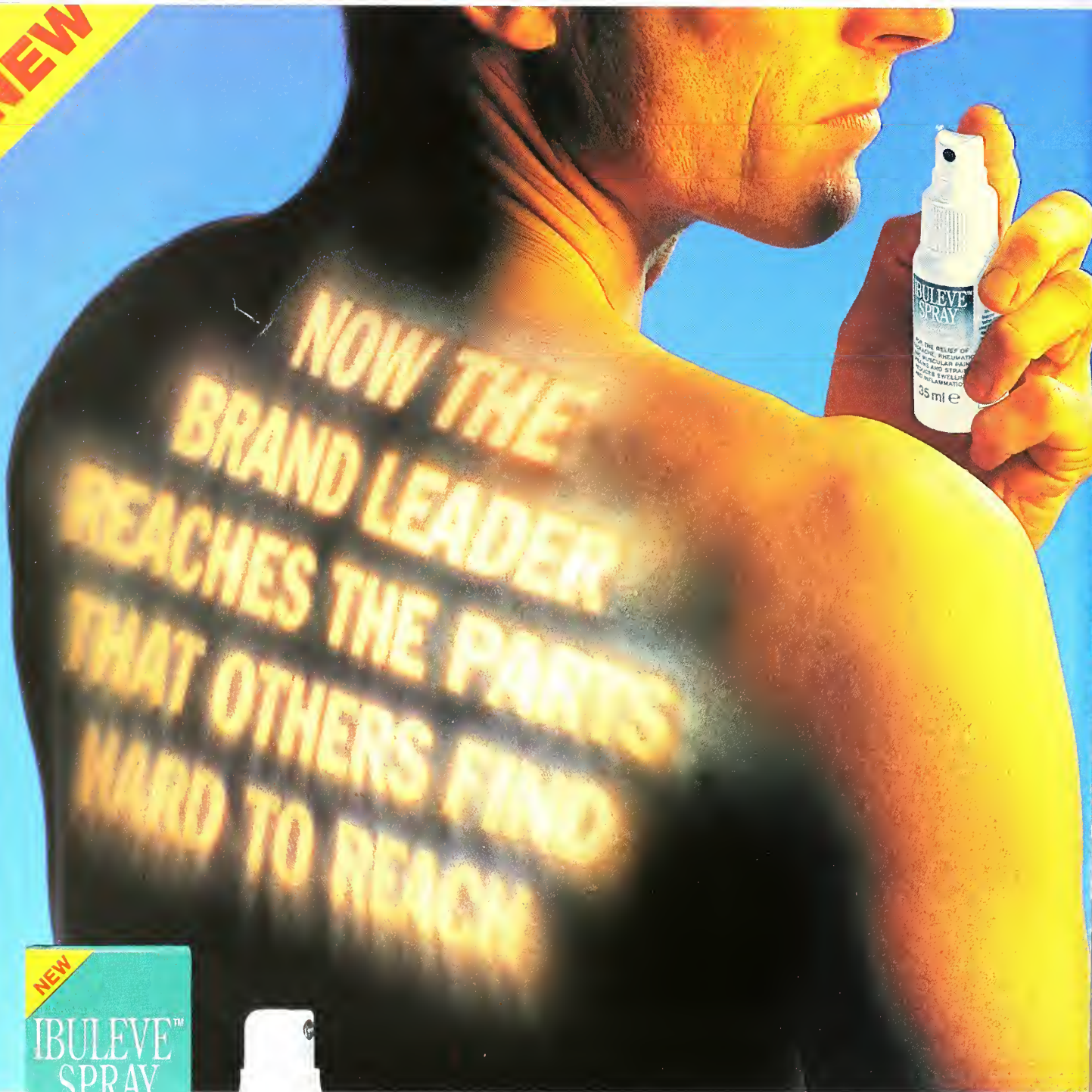
Pharmacia guarantees that a full exchange of old remaining Patch stock for new will be available via a special exchange programme. Full details and instructions will be announced in May 1995.

If you require further information, please do not hesitate to contact the Nicorette helpdesk on:

***FREephone 0500 390 114.***

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IBULEVE Trademark and Product Licence held by Diomed Developments Ltd., Hitchin, UK. Distributed by DDD Ltd., 94 Rickmansworth Road, Watford, Herts, WD1 7JJ. **Active Ingredient:** Ibuprofen BP 5.0% **Directions:** Apply 5 - 10 sprays (1 to 2 ml) and massage into skin over and around the painful site. Wash hands after use. Repeat 3 to 4 times daily. **Indications:** For the relief of backache, rheumatic and muscular sprains and strains. **Precautions:** If symptoms persist for more than a few weeks, consult a doctor. Not recommended for children under 14 years. Patients with an active peptic ulcer or a history of kidney problems, asthma or aspirin sensitivity should seek medical advice before using IBULEVE SPRAY. Keep away from broken skin, lips and eyes. Not to be used during pregnancy or lactation. Keep all medicines out of the reach of children. Flammable. Do not use if sensitive to any of the ingredients. **FOR EXTERNAL USE ONLY** **Legal category:** [P] **PL 0173/0160. Packs:** 35 ml, RSP £4.75 inc VAT (£4.04 net).